

**WASHINGTON, DC**— Today, Representative Peter DeFazio (OR-4) and Senators Ron Wyden (D-OR) and Jeff Merkley (D-OR) sent a letter to Secretary of the Veterans Affairs Eric Shinseki requesting that he intervene and correct a Booz Allen Hamilton (BAH) study concerning the future of the Roseburg Oregon VA Medical Center (RVAMC). The letter states “We are troubled that the VA has spent \$400,000 on this independent study that has little value for veterans or taxpayers. Rather it appears BAH worked towards a predetermined conclusion to satisfy the goals of VISN 20.”

“Congress has appropriated \$57 billion for VA healthcare for 2011 - a 60% increase over four years, yet somehow the VA continues to shortchange veterans in Southwest Oregon. We have fought to stop cuts in service at Roseburg and demanded the VA bureaucrats to think outside the box for the betterment of veterans services,” said DeFazio. “This independent review is missing the big picture and failing to hear the needs of veterans. I appeal to Secretary Shinseki to help the VA get back on track in Southwestern Oregon.”

“There are clearly problems with the way the consultants hired by the VA are conducting their study, which may have a major impact on the services veterans in Roseburg receive from their VA healthcare system,” Wyden said. “These concerns cannot be glossed over and the VA owes it to the veterans who rely on this facility to provide a fair and accurate assessment of what effect any changes would have.

“The Roseburg VA Hospital is an incredible jewel for the region,” said Merkley. “We need to expand and strengthen this resource, not take away from it. It is my hope that the VA will resolve the issue quickly and ensure that veterans can get the care they need.”

The full text of the letter is below:

The Honorable Eric K. Shinseki

Secretary of Veterans Affairs

U.S. Department of Veterans Affairs

810 Vermont Avenue, N.W.

Washington D.C. 20420

January 13, 2011

Dear Secretary Shinseki:

In April of 2010, we asked you to block further service cuts to the Veterans Affairs Roseburg Healthcare System (Roseburg) and to “commission an independent review of any possible changes in services and determine if they would result in veterans not being able to receive needed services.”  
We are very appreciative that the VA was responsive to our letter.

We have been closely following the independent review, but unfortunately the review we had requested appears to be notably off course. We ask that you direct your senior staff to intervene and initiate a mid-course correction because this independent review seems unlikely to provide us the data or analysis we need to protect veterans’ access to healthcare at Roseburg.

The failings of the current independent review are numerous and disconcerting. We do not believe Booz Allen Hamilton (BAH), the contractor tasked with the review, has truly assessed the whole picture of Roseburg. Any review begins with understanding where things are today and where they have been. We are dismayed that BAH failed to comprehensively assess the current and historical levels of care at Roseburg.

The BAH independent review has not adequately consulted with veterans. The opportunity to

comment was provided, but a real review should have dialogued with veterans in a meaningful way. BAH failed to survey veterans who currently use Roseburg to understand their needs and concerns with the current level of service, instead holding small focus groups. BAH also failed to survey veterans who do not currently use Roseburg. The lack of such a survey means BAH has no idea how many veterans are already disenfranchised by the VA, and what corrective actions would restore their confidence in Roseburg. This lack of outreach also means the BAH reliance on the Enrollee Health Care Projection Model (EHCPM) is not supported by any hard facts, merely a statistical model. In a 2008 comprehensive review of the model, RAND stated that “We conclude that the EHCPM is likely to be valid for short-term budget planning but may not be valid for longer-range planning and policy analysis.” Despite this warning, BAH used the EHCPM for long-range planning at Roseburg.

Much of the BAH analysis is dependent on their low projections of in-hospital patients, but does not review Roseburg’s continued accessibility challenges. Veterans for years have raised concerns about the excessive wait times and difficulty obtaining appointments to see their primary care doctor at Roseburg. Veterans who finally get to see their doctors and are referred to a specialist start with the appointment delays all over again. We believe any fair analysis of demand should measure the depressed out-patient demand due to Roseburg’s wait times and other barriers. If Roseburg could reverse its trouble with out-patient access how many more vets might consider inpatient services at Roseburg? BAH failed to consider this question.

BAH has also failed to address the preferred option of veterans. BAH quickly disregarded the option of restoring Roseburg to a full level II hospital, restoring the ICU unit that many veterans feel is essential to Roseburg to serve the needs of veterans. The refusal to even evaluate this option is not satisfactory

In 2010, Congress expanded VA rural health authorities in Title III of S. 1963, the Caregivers and

Veterans  
Omnibus  
Health  
Services  
Act

of 2010. These new authorities do not appear to be considered in this review. Given that Roseburg fills a 600 mile rural void between VAMC facilities in Portland, Oregon and San Francisco, California we believe Roseburg would be an ideal medical center to take advantage of and demonstrate these newer authorities. For example, the law expands the rural healthcare education debt reduction program to help attract specialists. Section 303 permits demonstration projects to examine the feasibility and advisability of alternatives for expanding care for veterans in rural areas. Section 305 boosts travel pay for veterans and permits travel by air if medically necessary. Similarly, Section 306 makes grants to state veterans service agencies and veterans service organizations to provide innovative transportation options to veterans in highly rural areas. Congress was explicit that the VA should be using these tools to improve rural healthcare for veterans, but BAH chose to ignore these options.

We are troubled that the VA has spent \$400,000 on this independent study that has little value for veterans or taxpayers. Rather it appears BAH worked towards a predetermined conclusion to satisfy the goals of VISN 20.

Finally, we are also concerned that many veterans at the December stakeholder meeting were offended by the tone and in at least one case the inappropriate remarks by one BAH consultant. After listening to several veterans express their displeasure with services at Roseburg and

presentation by BAH, a consultant reportedly made an inappropriate reference for all to hear. We are appalled. Our veterans deserve nothing but the utmost respect. We are also concerned that the presentation took the form of a lecture about how change is inevitable citing the changes to cars and cell phones over the last 30 years. While it is undoubtedly true that the world changes, veterans do not need to be lectured on the concept of change. They came to hear how Roseburg VAMC will get them the best healthcare, not to hear an elitist lecture.

We ask senior staff at VA headquarters to intervene and provide VISN 20 and BAH a clear mandate to resolve the issues raised by this letter and provide a comprehensive assessment detailing how Roseburg can deliver a superior level of quality healthcare to our veterans. They deserve nothing less.

Sincerely

Peter DeFazio Ron Wyden Jeff Merkley

Member of Congress Senator Senator

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